

<i>SERFF Tracking Number:</i>	<i>MUTM-125514592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38476</i>
<i>Company Tracking Number:</i>	<i>JAIME MOSQUEDA</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Short-Term Disability Insurance -7103GI-STD-EZ 08</i>		
<i>Project Name/Number:</i>	<i>PCVSTD-7103GI-STD-EZ 08/7103GI-STD-EZ 08</i>		

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Short-Term Disability Insurance SERFF Tr Num: MUTM-125514592 State: ArkansasLH  
-7103GI-STD-EZ 08

TOI: H11G Group Health - Disability Income

SERFF Status: Closed

State Tr Num: 38476

Sub-TOI: H11G.002 Short Term

Co Tr Num: JAIME MOSQUEDA

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Jeff Protextor, June

Disposition Date: 03/21/2008

Rodgers, Jaime Mosqueda, tracy

emrich, Ellen Cochrane

Date Submitted: 03/19/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PCVSTD-7103GI-STD-EZ 08

Status of Filing in Domicile: Authorized

Project Number: 7103GI-STD-EZ 08

Date Approved in Domicile: 03/07/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

March 19, 2008

Arkansas Department of Insurance

SERFF Tracking Number: MUTM-125514592 State: Arkansas  
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Attn: Compliance - Life & Health  
1200 West Third Street  
Little Rock, AR 72201-1904

RE:United of Omaha Life Insurance Company  
NAIC# 261-69868 FEIN 47-0322111  
Group Health Insurance  
Short-Term Disability Insurance  
7103GI-STD-EZ 08 et. al.  
Memorandum of Variable Material

Enclosed for filing with your Department are copies of the following group disability income insurance forms:

DESCRIPTION	FORM NUMBER
Short-Term Disability Benefits	7103GI-STD-EZ 08
Short-Term Disability Definitions	7101GD-STD-EZ 08
Short-Term Disability Conversion Rider	7486GR-STD-EZ 08
Portability Rider	12408GR-STD-EZ 08

These forms were developed to update United of Omaha Life Insurance Company's group short-term disability (STD) insurance programs. We would like to also offer these on a voluntary basis. These forms are new and will not replace any previously filed forms. They will be used in conjunction with previously approved insert and rider forms to produce a group certificate booklet. A group policyholder will utilize incorporation master policy 7000GM-U-EZ 2001, approved by your Department on June 18, 2001, through which these group certificate booklets will be issued.

Short-Term Disability Benefits Insert, form 7103GI-STD-EZ 08, provides the benefits for the group STD certificate booklet.

Short-Term Disability Definitions Insert, form 7101GD-STD-EZ 08, provides the key defined terms that will be used for the STD product.

*SERFF Tracking Number:*      *MUTM-125514592*      *State:*      *Arkansas*  
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*TOI:*      *H11G Group Health - Disability Income*      *Sub-TOI:*      *H11G.002 Short Term*  
*Product Name:*      *Short-Term Disability Insurance -7103GI-STD-EZ 08*  
*Project Name/Number:*      *PCVSTD-7103GI-STD-EZ 08/7103GI-STD-EZ 08*

Short-Term Disability Conversion Rider, form 7486GR-STD-EZ 08, provides a STD conversion coverage option to be included at the option of the policyholder.

Portability Rider, form 12408GR-STD-EZ 08, provides an option to continue insurance for twelve months to be included at the option of the policyholder.

These new forms have been prepared with the broadest possible combination of choices, which is why there are sometimes several variations of the same provision or defined term within a form. We ask that these forms be approved on a variable basis to enable us to remove definitions, exclusions and other provisions when they are not selected by a policyholder. You have our assurance that we will not add to or revise text that has been approved by your Department, but instead will only delete from such text to permit a policyholder to customize their coverage. Variability is also requested regarding time frames, percentages, dollar amounts, bracketed items, and items of an administrative nature (such as telephone numbers) to enable such items to be changed without re-filing. Any variability would be applied in accordance with your state's requirements and limitations. A Memorandum of Variable Material outlining all variable items is attached.

These forms meet or exceed your state's Flesch score requirement of 40.

Please be assured that we are in the process of filing an updated Short-Term Disability Rate Manual under a different cover letter in order to update our current STD Rate Manual that is on file with your state.

Your review and approval of this submission will be most appreciated. If I may be of additional assistance to you, please feel free to call me at the number listed below.

Sincerely,

Jaime Mosqueda  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-5062  
Fax: 402-351-5298

SERFF Tracking Number: MUTM-125514592 State: Arkansas  
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 Project Name/Number: PCVSTD-7103GI-STD-EZ 08/7103GI-STD-EZ 08  
 E-mail: Jaime.Mosqueda@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Jaime Mosqueda, Product & Advertising Compliance Analyst  
 4 - Regulatory Affairs Division  
 Omaha, NE 68175  
 jaime.mosqueda@mutualofomaha.com  
 (402) 351-5062 [Phone]  
 (402) 351-5298[FAX]

### Filing Company Information

United of Omaha Life Insurance Company  
 Mutual of Omaha Plaza  
 Omaha, NE 68175  
 (402) 351-6420 ext. [Phone]  
 CoCode: 69868  
 Group Code: 261  
 Group Name:  
 FEIN Number: 47-0322111  
 State of Domicile: Nebraska  
 Company Type: Life Insurance  
 State ID Number:  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$80.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$80.00	03/19/2008	18786173

SERFF Tracking Number:	MUTM-125514592	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/21/2008	03/21/2008

<i>SERFF Tracking Number:</i>	<i>MUTM-125514592</i>	<i>State:</i>	<i>Arkansas</i>
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## **Disposition**

Disposition Date: 03/21/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125514592 State: Arkansas

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Company Tracking Number: JAIME MOSQUEDA

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Short-Term Disability Insurance -7103GI-STD-EZ 08

Project Name/Number: PCVSTD-7103GI-STD-EZ 08/7103GI-STD-EZ 08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Read Cert	Approved-Closed	Yes
Supporting Document	AR Fee Schedule Cert	Approved-Closed	Yes
Supporting Document	Memorandum of Variable Material	Approved-Closed	Yes
Form	Short-Term Disability Benefits	Approved-Closed	Yes
Form	Short-Term Disability Definitions	Approved-Closed	Yes
Form	Short-Term Disability Conversion Rider	Approved-Closed	Yes
Form	Portability Rider	Approved-Closed	Yes

SERFF Tracking Number: MUTM-125514592 State: Arkansas

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Product Name: Short-Term Disability Insurance -7103GI-STD-EZ 08

Project Name/Number: PCVSTD-7103GI-STD-EZ 08/7103GI-STD-EZ 08

## Form Schedule

**Lead Form Number:** 7103GI-STD-EZ 08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	7103GI-STD-EZ 08	Certificate	Short-Term Disability Initial			43	7103GI-STD-EZ 08.pdf
		Amendmen	Benefits				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	7101GD-STD-EZ 08	Other	Short-Term Disability Initial			44	7101GD-STD-EZ 08
			Definitions				[AR].pdf
Approved-Closed	7486GR-STD-EZ 08	Certificate	Short-Term Disability Initial			44	7486GR-STD-EZ
		Amendmen	Conversion Rider				08.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	12408GR-STD-EZ 08	Certificate	Portability Rider	Initial		45	12408GRSTD
		Amendmen					-EZ 08.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



# **SHORT-TERM DISABILITY BENEFITS**

## **Benefits**

If, while insured under this provision, You become Disabled due to Injury or Sickness, We will pay the Weekly Benefit shown in the Schedule. Benefits will begin after You satisfy the Elimination Period shown in the Schedule.

## **Pre-existing Conditions**

We will not provide benefits for Disability:

- (a) caused by, contributed to by, or resulting from a Pre-existing Condition; and
- (b) which begins in the first [[12, 24] months] [[one, two] years] after You are continuously insured under this Policy.

A **Pre-existing Condition** means any Injury or Sickness for which You received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicines prescribed or taken in the [[three, six, 12] months] [one year] prior to the day You become insured under this Policy.

## **[Effect of a Pre-existing Condition - Prior Group Disability Plan Coverage]**

If You become insured under the Policy on its effective date and were covered under a group disability plan maintained by the Policyholder immediately prior to the effective date of Your coverage under this plan, any benefits payable under this plan for a Disability due to a Pre-existing Condition will be determined as follows:

- (a) If You cannot satisfy the Pre-existing Conditions limitations of this plan, but have satisfied the pre-existing conditions limitations under the prior disability plan, giving consideration towards continuous time covered under both plans, We will pay the benefits under this plan; or
- (b) If You cannot satisfy the Pre-existing Conditions limitations under this plan or under the prior plan, no benefits will be payable under this plan.]

## **[Effect of a Pre-existing Condition - Prior Individual Worksite Disability Plan Coverage]**

If You become insured under this plan on its effective date and were covered under an individual worksite disability plan obtained through the Policyholder immediately prior to the effective date of this plan, We will pay the benefit payable under this plan. The Pre-existing Conditions provision of this plan will not apply.]

## **Recurrent Disability**

A Recurrent Disability will be treated as part of Your prior claim and You will not be required to satisfy another Elimination Period if:

- (a) You were continuously insured under the Policy for the period between Your prior claim and Your Recurrent Disability; and
- (b) Your Recurrent Disability occurs within [V] days of the end of Your prior claim.

In order to prevent over-insurance because of duplication of benefits, benefits payable under this Recurrent Disability provision will cease if benefits are payable to You under any other group disability income policy or plan.

### **Survivor Benefit**

If You die while You are receiving or are eligible to receive Weekly Benefits under this Policy, We will pay to Your Eligible Survivor a survivor benefit in an amount equal to the total Weekly Benefits that would be payable for the Maximum Benefit Period, less any benefits already paid to You.

**Eligible Survivor** means Your spouse, if living; otherwise, it means Your natural and/or adopted children who are living and under age 25. An Eligible Survivor must be living at the time of Your death.

If a survivor benefit is payable to Your child and, if there is more than one such child, then the survivor benefit will be divided equally among such children.

If payment becomes due to Your child or children, the payment will be made to:

- (a) Your child or children; or
- (b) a person named by Us to receive payments on the child's or children's behalf. This payment will be valid and effective against all claims by the child or children or by others representing or claiming to represent said child or children.

### **When Benefits End**

Benefits will be paid during a period of Disability until the earliest of:

- (a) the day You are no longer Disabled;
- (b) the day You die;
- (c) the end of the Maximum Benefit Period shown in the Schedule;
- (d) the day You fail to provide Us satisfactory proof of continuous Disability and/or any Current Earnings;
- (e) the day You fail to comply with Our request to be examined by a Physician [and/or vocational rehabilitation expert] of Our choice;
- (f) the day You are not under Regular Care for the Injury or Sickness that caused the Disability; or
- (g) the day You are able to return to work on a part-time or full-time basis and do not do so.

### **General Exclusions**

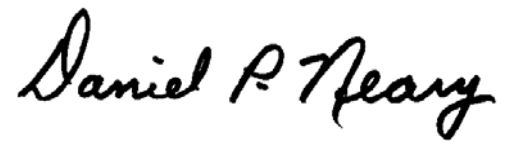
We will not pay benefits for any Disability which is caused by, contributed to by, or resulting from:

- (a) declared or undeclared war, or any act of war or armed aggression;
- (b) Your participation in a riot, insurrection or rebellion;
- (c) Your commission of a felony for which You have been charged under state or federal law;
- (d) an intentionally self-inflicted Injury or Sickness, whether You are sane or insane;
- (e) attempted suicide, whether You are sane or insane[;] [or]
- (f) [an occupational Sickness or Injury and You are eligible to receive benefits under Workers' Compensation or any other Act or law of like intent][.]

We also will not pay benefits for any Disability:

- (a) while You are incarcerated or imprisoned for any period exceeding 60 days; or
- (b) that is solely a result of a loss of a professional license, occupational license or certification.

**UNITED OF OMAHA LIFE INSURANCE COMPANY**

A handwritten signature in black ink, reading "Daniel P. Neary". The signature is written in a cursive style with a large, stylized 'D' and 'N'.

**Chairman of the Board and Chief Executive Officer**

## SHORT-TERM DISABILITY DEFINITIONS

Terms defined in this provision are used in, or apply to, other provisions throughout the Policy, Certificate and any Riders. Definitions of other terms may be found in other provisions. Any singular word shall include any plural of the same word.

**Appropriate Care and Treatment** means medical care and treatment that meet all of the following:

- (a) It is received from a Physician whose expertise, medical training and clinical experience are suitable for treating Your Injury or Sickness;
- (b) It is Medically Necessary;
- (c) It is consistent in type, frequency and duration of treatment with relevant guidelines based on national medical research or published by health care organizations and government agencies;
- (d) It is consistent with the diagnosis of Your condition; and
- (e) Its purpose is to improve Your medical condition and thereby aid in Your ability to return to work.

**Current Earnings** means any actual pre-tax weekly income You receive while You are working and eligible to receive a Weekly Benefit, or the pre-tax earnings You could receive if You were working at Your Maximum Capacity. If Your current earnings fluctuate, We reserve the option to average Your current earnings over the most recent three-week period to determine if Your claim should continue.

**Deferred Compensation** means contributions You make through a salary reduction agreement with Your employer to a plan or arrangement under Internal Revenue Code (IRC) §:

- (a) 401(k);
- (b) 403(b);
- (c) 408(k);
- (d) 457 Deferred Compensation arrangement; or
- (e) any other deferred compensation agreement or arrangement defined under the Internal Revenue Code.

**[Disability and Disabled]** mean that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You satisfy either the Occupation Test or Earnings Test. You may satisfy both the Occupation Test and Earnings Test, but You need to satisfy only one Test in order to be considered Disabled.

**Occupation Test** means You are prevented from performing the Material Duties of Your Regular Job [or are unable to work Full-Time].

**Earnings Test** means You are unable to generate Current Earnings which exceed 80% of Your Weekly Earnings in Your Regular Job.]

**[Disability and Disabled** mean that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You are:

- (a) prevented from performing the Material Duties of Your Regular Job (on a part-time or full-time basis) or are unable to work Full-Time; and
- (b) unable to generate Current Earnings which exceed 80% of Your Weekly Earnings due to that same Injury or Sickness.]

**[Disability and Disabled** mean that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which:

- (a) during the Elimination Period, You are prevented from performing the Material Duties of Your Regular Job (on a part-time or full-time basis) or unable to work Full-Time; and
- (b) after the Elimination Period, You are:
  - (1) prevented from performing the Material Duties of Your Regular job (on a part-time or full-time basis) or are unable to work Full-Time; and
  - (2) unable to generate Current Earnings which exceed [60, 80, 99]% of Your Weekly Earnings due to that same Injury or Sickness.]

Disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.

**Elimination Period** means the number of days of continuous Disability which must be satisfied before You are eligible to receive benefits. The elimination period is shown in the Schedule. The elimination period begins on the first day of Disability.

**Full-Time** means working the required number of hours to be considered a full-time employee of the Policyholder.

**Gross Weekly Benefit** means Your Weekly Benefit amount before any reduction for Other Income Benefits and Current Earnings.

**Hospital** means an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing Your Disability. A hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

**Injury** means an accidental bodily injury which is the direct result of a sudden, unexpected and unintended event, such as a blow or fall, that requires treatment by a Physician. It must be independent of Sickness or any other cause, including, but not limited to, complications from medical care. Disability due to such injury must begin while You are insured under the Policy. Injury does not include elective cosmetic surgery or procedures.

**Material Duties** means the essential tasks, functions and operations relating to Your Regular Job that cannot be reasonably omitted or modified.

**Maximum Capacity** means, based on Your medical restrictions and limitations, the greatest extent of work You are able to do in Your Regular Job.

**Medically Necessary** means care that is ordered, prescribed or rendered by a Physician or Hospital and is determined by Us, or a qualified party or entity selected by Us, to be:

- (a) provided for the diagnosis or direct treatment of Your Injury or Sickness;
- (b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of Your Injury or Sickness; and
- (c) provided in accordance with generally accepted professional standards and/or medical practice.

**Physician** means any of the following licensed practitioners:

- (a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- (b) a licensed doctoral clinical psychologist; or
- (c) where required by law, any other licensed practitioner who is acting within the scope of his/her license.

A physician does not include You, a person who lives with You or is a part of Your family (Your spouse; or a child, brother, sister or parent of You or Your spouse).

**Policyholder's Retirement Plan** means any retirement plan:

- (a) which is part of any federal, state, county, municipal or association retirement system; and
- (b) for which You are eligible as a result of employment with the Policyholder.

**Recurrent Disability** means a Disability which is related to or due to the same cause(s) of a prior Disability for which You received a Weekly Benefit under this Policy.

**Regular Care** means:

- (a) You visit a Physician as frequently as is medically required, according to standard medical practice, to effectively manage and treat Your disabling condition; and
- (b) You receive Appropriate Care and Treatment.

**Regular Job** means the occupation You are routinely performing when Your Disability begins.

**Retirement Benefit** means money which:

- (a) is payable under a Retirement Plan either in a lump sum or in the form of periodic payments;
- (b) does not represent contributions made by You; and
- (c) is payable upon the later of:
  - (1) early or normal retirement as defined in the Policyholder's Retirement Plan or under the U.S. Social Security Act; or
  - (2) Disability, if the payment does not reduce the amount of money which would have been paid at the normal retirement age under the plan if the Disability had not occurred.

**NOTE:** Regardless of how the retirement funds from the Retirement Plan are distributed, We will consider Your contributions and Your employer's contributions to be distributed simultaneously during Your lifetime.

**Retirement Plan** means a plan which provides Your Retirement Benefits and which is not funded wholly by Your contributions. The term shall not include a profit-sharing plan or a plan such as a 401(k), a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, or a non-qualified plan of Deferred Compensation.

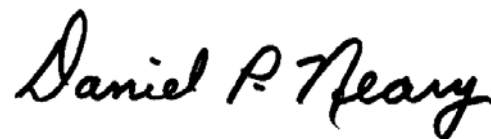
**Rider** means a provision added to the Policy or Your Certificate to expand or limit benefits or coverage.

**Sickness** means a disease, disorder or condition, including pregnancy, for which you are under the care of a Physician. Disability must begin while you are insured under the Policy. Sickness does not include elective cosmetic surgery or procedures.

**We, Our, Us** means the Insurance Company shown on Your Certificate of Insurance.

**You, Your and Insured Person** mean an insured employee or member.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Daniel P. Neary". The signature is written in a cursive, flowing style.

Chairman of the Board and Chief Executive Officer

## **SHORT-TERM DISABILITY CONVERSION RIDER**

This Rider is made a part of Group Policy V.

This Rider is effective the later of V, or the day You become insured under the Policy.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control. This Rider shall be subject to all provisions of the Policy, including the Certificate, not in conflict with this Rider.

### **Definition**

**Conversion Coverage** means short-term disability insurance, then available, issued without evidence of good health.

### **NOTE:**

Conversion coverage does not provide the same insurance benefits You had while insured under the Policy. Consequently, coverage under the Policy may not be covered by the conversion coverage or may be covered at a different level. You may contact the Plan Administrator or Us at any time for a description of the conversion benefits then available. Conversion coverage benefits are subject to change.

### **Available To You**

Conversion Coverage is available to You if your short-term disability insurance ends because Your eligibility ends; except Conversion Coverage is not available when:

- (a) the Policy ends;
- (b) You have similar individual or group disability coverage;
- (c) You have been insured under the Policy (including any similar group coverage the Policy replaces) less than 12 months immediately before Your short-term disability insurance ends;
- (d) You retire from employment with Your employer;
- (e) You are Disabled; or
- (f) You are age 70 or older.

### **Option To Obtain Conversion Coverage**

If a completed application and the first premium payment are sent to Us within 31 days from when short-term disability insurance ends, Conversion Coverage will be issued in accordance with:

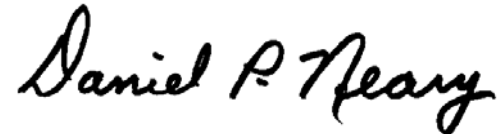
- (a) Our rules; and
- (b) the conversion law in effect when application is made.



**Conditions**

Conversion Coverage begins immediately after insurance under the Policy ends. Coverage for conditions which are excluded under the Policy may be excluded under the Conversion coverage.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Daniel P. Neary". The signature is written in a cursive, flowing style.

Chairman of the Board and Chief Executive Officer

## **PORTABILITY RIDER**

This Rider is made a part of Group Policy V.

This Rider is effective the later of V, or the day You become insured under the Policy.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control. This Rider shall be subject to all provisions of the Policy, including the Certificate, not in conflict with this Rider.

### **PORTABILITY**

When Your insurance under the Policy ends because Your employment with the Policyholder ends, You may continue Your insurance under this provision, provided:

- (a) You are not Disabled, retired or on leave of absence; and
- (b) You were insured under the Policyholder's group short-term disability plan for at least twelve consecutive months immediately prior to the date Your employment ended.

The twelve consecutive months mentioned above may be a combination of coverage under the Policy and under any prior group short-term disability plan the Policy replaces.

To continue Your insurance, written application and the first premium payment must be submitted to Us within 31 days from the date Your insurance under the Policy would otherwise end. If the first premium payment is not submitted to Us within 31 days from the date Your insurance ends under the Policy, there is no option to reinstate coverage.

The amount of insurance You may continue may not exceed the amount of insurance You had in force when Your employment ended.

Insurance that has been continued under this Portability provision may be decreased at any time during the continuation period by sending advance written notice to Us. Any decrease requested will take effect on the first day of the month following the day We receive the request. You cannot increase Your amount of insurance once it has been reduced.

### **PAYMENT OF PREMIUM**

Your first and subsequent premium payments must be remitted to Us within 31 days of the premium due date throughout the period of continued insurance. The required premium will equal:

- (a) the premium in effect when Your employment ended; plus
- (b) a billing fee based upon premium frequency.

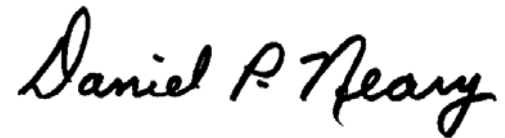
We may change premium rates for coverage under this Portability provision at any time in accordance with Policy provisions.

**WHEN CONTINUED COVERAGE UNDER PORTABILITY ENDS**

Insurance continued under this Portability provision will end on the earliest of:

- (a) the day such insurance has been continued for twelve months;
- (b) the day the Policy ends; except this will be without prejudice to any claims incurred prior to the Policy ending;
- (c) the day any premium contribution for Your insurance is due and unpaid;
- (d) the day You retire;
- (e) the day You enter the Armed Forces of any state or country on active duty or training for a period of more than two weeks. (If You send proof of military service, We will refund any unearned premium); or
- (f) the day You become covered under any other group short-term disability plan.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Daniel P. Neary". The signature is written in a cursive, flowing style.

Chairman of the Board and Chief Executive Officer

<i>SERFF Tracking Number:</i>	<i>MUTM-125514592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38476</i>
<i>Company Tracking Number:</i>	<i>JAIME MOSQUEDA</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Short-Term Disability Insurance -7103GI-STD-EZ 08</i>		
<i>Project Name/Number:</i>	<i>PCVSTD-7103GI-STD-EZ 08/7103GI-STD-EZ 08</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	MUTM-125514592	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38476
Company Tracking Number:	JAIME MOSQUEDA		
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.002 Short Term
Product Name:	Short-Term Disability Insurance -7103GI-STD-EZ 08		
Project Name/Number:	PCVSTD-7103GI-STD-EZ 08/7103GI-STD-EZ 08		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	03/21/2008
<b>Comments:</b>				
<b>Attachment:</b>				
AR Certif of Compliance with Rule 19.pdf				
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	03/21/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Read Cert	<b>Review Status:</b>	Approved-Closed	03/21/2008
<b>Comments:</b>				
<b>Attachment:</b>				
AR Read Cert.pdf				
<b>Satisfied -Name:</b>	AR Fee Schedule Cert	<b>Review Status:</b>	Approved-Closed	03/21/2008
<b>Comments:</b>				
<b>Attachment:</b>				
AR Fee Schedule Cert .pdf				
<b>Satisfied -Name:</b>	Memorandum of Variable Material	<b>Review Status:</b>	Approved-Closed	03/21/2008
<b>Comments:</b>				
<b>Attachment:</b>				
MEMORANDUM OF VARIABLE MATERIAL.pdf				

## **Certificate of Compliance with Arkansas Rule and Regulation 19**

Insurer: United of Omaha Life Insurance Company

Form Number(s): 7103GI-STD-EZ 08, 7101GD-STD-EZ 08, 7486GR-STD-EZ 08, 12408GR-STD-EZ 08

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

  
\_\_\_\_\_  
Signature of Company Officer

Daniel J. Kennelly

\_\_\_\_\_  
Name

Vice President and Chief Compliance Officer

\_\_\_\_\_  
Title

March 19, 2008

\_\_\_\_\_  
Date

**CERTIFICATION**

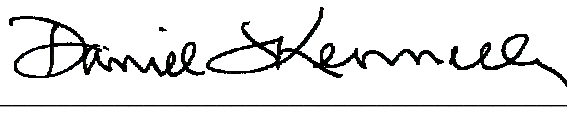
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
7103GI-STD-EZ 08	Short-Term Disability Benefits	43.2
7101GD-STD-EZ 08	Short-Term Disability Definitions	44.2
7486GR-STD-EZ 08	Short-Term Disability Conversion Rider	43.8
12408GR-STD-EZ 08	Portability Rider	45.3

United of Omaha Life Insurance Company

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Date: March 19, 2008



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Daniel J. Kennelly  
Vice President & Chief Compliance Officer

ARKANSAS  
INSURANCE  
DEPARTMENT

400 University Tower Building  
1123 South University Ave.  
Little Rock, Arkansas 72204

Lee Douglass  
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Jaime Mosqueda

402-351-5062

INSURANCE DEPARTMENT USE ONLY:

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.**

**FEE SCHEDULE FOR ADMITTED INSURERS**

**RATE/FORM FILINGS**

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

\* \_\_\_\_\_ X \$50 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

\* \_\_\_\_\_ X \$50 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

\* 4 X \$20 = \$ 80

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

\* \_\_\_\_\_ X \$25 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

**AMEND CERTIFICATE OF AUTHORITY**

Review and processing of information to amend an Insurer's Certificate of Authority

\* \_\_\_\_\_ X \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ X \$100 = \_\_\_\_\_

**\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

**\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

**\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**



# **MEMORANDUM OF VARIABLE MATERIAL**

## **Short-Term Disability**

### **2008**

Listed below are the areas of the filed forms for which approval is requested on a variable basis:

#### All Forms

All items shown within brackets

Time frames, percentages, dollar amounts, and ages

All items of an administrative nature (e.g. telephone numbers, officer signatures)

Remove any provisions, definitions or exclusions not selected by a policyholder

"V" to include the applicable group number

"V" to include the applicable effective date

#### Short-Term Disability Definitions Form 7101GD-STD-EZ 08

Remove any definitions not applicable to a policyholder's coverage

Policyholder must select one of the three *Disability and Disabled* definitions

#### Short-Term Disability Benefits Form 7103GI-STD-EZ 08

Policyholder may select the *Pre-existing Conditions* provision

Remove any General Exclusions item not selected by a policyholder